

# TROOP 28

## CAMPER MEDICATION FORM

Permission for the Administration of Over-the Counter Medications

(This form is for non-prescription, over-the-counter medications ONLY)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give permission for the leaders of BSA Troop 28 to administer (please check all that you are approving) :

- TYLENOL (or similar name brand) FOR HEADACHES, BODY ACHES OR EARACHES
- IBUPROFEN (or generic) FOR SPRAINS or INFLAMMATION
- BENEDRYL (or generic) FOR ALLERIGES, ALLERIGIC REACTIONS, BUG BITES or STINGS
- PEPTO BISMOL, TUMS OR MYLANTA (or generic) FOR UPSET STOMACH
- IMMIDIUM (or generic) FOR DIARRHEA
- CALAMINE LOTION (or similar product/generic) FOR POISON IVY, RASHES
- BENEDRYL CREAM (or generic) FOR SEVERE ITCHING
- \_\_\_\_\_

Dosages will be administered according to the directions on the package unless a physician directs otherwise.

PLEASE AMEND ABOVE LIST IF NECESSARY AT THE BOTTOM OF THE FORM

Parent or Legal Guardian's Signature: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Date: \_\_\_\_\_

AMENDMENT: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_